

UNIVERSITY OF CALIFORNIA, SANTA CRUZ

Photo Release

I, (parent's name, please print) _____,
give the University of California, Santa Cruz, the absolute right and permission to use my son's daughter's
photograph(s) in its promotional materials and publicity efforts. I understand that the photograph(s) may be used in
a publication, print ad, direct-mail piece, electronic media (e.g., video, CD-ROM, Internet, WORLD WIDE WEB), or
other form of promotion. I release the University, the photographer, their offices, employees, agents, and designees
from liability for any violation of any personal or proprietary right I may have in connection with such use.

Name of subject _____

Parent's signature for release _____

Address _____

City _____ State _____ Zip _____

Phone (_____) _____ Date _____

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